

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	P	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1, 2024, to September 30, 2025 (Q3 to the end of the following Q2)	20.00	17.00	Aim to reduce ED Visits by 15% to move towards the provincial average.	

Change Ideas

Change Idea #1 Education for all registered staff on what the home can offer to avoid ER transfers.

Methods	Process measures	Target for process measure	Comments
Registered staff meetings and education sessions.	% of registered staff that have received the education.	100% of registered staff will receive the education.	

Change Idea #2 DOC/QI nurse will attend resident and family council to educate on what interventions can be offered at the home.

Methods	Process measures	Target for process measure	Comments
Family council, resident council, CQI and/or townhalls.	% of residents and families requesting transfer to the hospital when services can be provided at the home.	Resident and families requesting transfer to the hospital will decrease to less than 20% due to better understanding of what can be offered at the home.	

Experience

Measure - Dimension: Patient-centred

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Resident experience satisfaction survey score for recreation and programs.	C	% / LTC home residents	In-house survey / Annual satisfaction survey	77.00	81.00	We would like to see 5% increase in the resident satisfaction survey around programs and recreation for 2026.	

Change Ideas

Change Idea #1 Provide residents more opportunities for outdoor activities.

Methods	Process measures	Target for process measure	Comments
Provide outdoor events such more community walks, offer music/entertainment outdoors vs indoors.	We can pull a report from activity pro to identify how many residents would have attended the program. Increase the number of activities offered on calendar.	Increase group activities outdoors. Target would be once a week.	

Change Idea #2 It is important to ensure residents recreation and leisure needs are being met through collaborative engagement into the programs offered in the home.

Methods	Process measures	Target for process measure	Comments
Implement calendar planning sessions on each neighbourhood/floor calendar at the start of each month in order for residents to give feedback, provide suggestions and feel empowered about what they would like to do and see on the calendar for the next month.	# of planning sessions held with the residents.	1 planning session to be held each month.	

Safety

Measure - Dimension: Safe

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 1 to September 30, 2025 (Q2), as target quarter of rolling 4-quarter average	17.25	16.00	Goal is to perform better than the provincial average.	

Change Ideas

Change Idea #1 Enhancement of Post Fall Huddles to determine Root Causes for Falls and to individualize interventions.

Methods	Process measures	Target for process measure	Comments
Education and support to Registered Staff on completion of effective Post Fall Huddles which include interdisciplinary involvement of the root cause of fall and the development of personalized interventions.	# of Post Fall Assessments completed with comprehensive review. # of residents who have more than one fall.	100% of Post Falls Assessments will be completed thoroughly with interdisciplinary participation. # of residents who fall more than once will decrease by 5%.	

Change Idea #2 Enhanced trending and analysis of falls.

Methods	Process measures	Target for process measure	Comments
Collaborate with Physiotherapist to track and trend all falls. Team analysis related to when falls are occurring, precipitating factors of falls, intervention effectiveness. Develop plans targeted at areas of opportunity.	# falls tracked and trended.	100% of falls will be tracked and trended monthly.	

Change Idea #3 Monitor and support staff awareness of the Falls Prevention Program elements to reduce overall fall rate.

Methods	Process measures	Target for process measure	Comments
Audit falls program elements to ensure staff compliance as it relates to fall and injury devices in place, high risk falls identifiers in place, care plans updated after post fall, and assessment and documentation completeness.	# of audits completed per schedule.	100% of audits related to the Falls Program will be completed and demonstrate staff awareness of the elements of the Fall Prevention Program.	